OCCUPA

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item

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Somerset County Registration Dist. No. Marion Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 45 yrs. How long In U. S. if of foreign birth?_____vrs.____mos.____ds. Eugene Adams 2. FULL NAME If U. S. Veteran, specify WAR Marion (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) married 5a. If married, widowed, or divorced HUSBAND of Mrs Laura F Adams I HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of 36 to m 16 Dec 2 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months If LESS than Devs to have occurred on the date stated above, at ... 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceesed last worked et 11. Total time (years) this occupation (month and spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thomas Adams FATHER 13. NAME 14. BIRTHPLACE (city or town)... Name of operation.

Worcester County Marvland

Inknown 15. MAIDEN NAME 16. BIRTHPLACE (city or town)_____s

(State or country)

(State or country)

MOTHER

CAUSE

TION

17. INFORMANT .. Marion (Address) 18. BURIAL, CREMATION, OR REMOVAL

ls cemeterne Nov 19 19 3 19. UNDERTAKER (Address)

Registrar.

What test confirmed diegnosis?_____ Was there an aulopsy?____ 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19.

Where did Injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury Nature of Injury____

24. Wes diseese or jajury in any way related to occupetion of deceesed?____ If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenterilis	1 year

-WRITE PL.

V. S. No. 1

RD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-EXACTLY. properly classified. TION is very important. See instructions on back of certificate. stated CAUSE OF DEATH in plain terms, so that it may be

	STATE OF	MARYL	AND-	-CERTIF	CATE	OF	DEAT	Γ
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1. PLACE OF DE	ATH			(820)	1717
			VIII ALE		1
Village or City Length of residence in	Crisfie			No. McCready Memorial Hospit death occurred in a hospital or institution, give its NAME instead of street 5ds. How long in U.S. If of foreign birth?	and number)
2. FULL NAME	Annie	E Bruc	e	If U. S. Veteran, specify WAR	
(a) Residence: No	Smit	h Islan (Usualplace	d Md	St., Ward. If nonresident give city or town	n and State
PERSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX # 4. CO	LOR OR RACE		RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH Victor 26 (Month) (Day)	, 193.7 (Year)
5e. If married, widowed, or d HUSBAND of (or) WIFE of		ohn F B	ruce	22. I HEREBY CERTIFY, That I atter	
6. DATE OF BIRTH (month, 7. AGE Years	day, and year) Months	Nov 27	1869	to have occurred on the date stated above, at \$20 fr. m.	
68	11	29	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
kind of work do	ne, as SPINNER, (EEPER, etc	House	wife	Cerlyel begins bage	yor. 25
9. Industry or busines: work was done, SAW MILL, BAN	es SILK MILL, K, etc			Cultural the onlooner	201.1
10. Dete deceased last this occupation (year)	worked at month and 937	spe	ime (years) nt in this oupation	UN ALLANDON ALLAND	lata gro.a
12. BIRTHPLACE (city or tow (State or country)	/11/	ith Isla	and	Other Contributory Causes of Importance:	
当 13. NAME	Carlo	s Jones			
13. NAME 14. BIRTHPLACE (city o (State or country)	town)	nny Ban Virgin		Name of operation Date What test confirmed diagnosis?	
15. MAIDEN NAME	He	ster And	n Messick		
15. MAIDEN NAME 16. BIRTHPLACE (city o (State or countr	r town)	mith Is. Maryla		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT(Address)		John T ! Ewell Mo	lyler	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) IC PLACE,
18. BURIAL, CREMATION, O	R REMOVAL h Island		OV 28 19 3	Manner of Injury	
19. UNDERTAKER (Address)	mars	ind of	row	24. Wes disease or injury In any way related to occupation of deceased	d?
20. FILED MAN &	1,1937	6860	elin	(Signed) Sand De Prey to	М. D.

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The state of the s	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
1			
//	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—CERTIFICATE OF DEATH

	N. B.—WRITE PLANCY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor- dation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificate.	
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BI	PEI E	
MARGIN RESERVED FOR BINDING	WRITE PLANAY, WITH UNFADING INK—THIS IS A PER tation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	
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VE	-TH ild b ay b	
ER	Shou it m	
RES	GE III GE hat	
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7. S. No. 1		
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1. PLACE OF DEATH	129
county Somewel 1770 000	Registration Dist. No. 2-65
Village or City Basfield	LIMNO St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
C_1 , O_1	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Codward Coulbours	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Coulbourne	22. I HEREBY CERTIFY, That I attended decaased from 1937, to //- /0 - 1937.
6. DATE OF BIRTH (month, day, and year) Oraly 17_1910	i last saw ham alive on cha ft - 10 ,1987; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & = 32, m.
27 9 23 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	april sostaly 11-9-37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Marian (State or country) Someset ma	Other Contributory Causes of Importance:
13. NAME John & Coulbourne	
14. BIRTHPLACE (city or town) Marion	Name of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Orddie Horsey 16. BIRTHPLACE (city or town) Marion	23. If daath was due to external causes (VIDLENCE) fill in also tha following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT. addie Boulbourge (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place Brasseh Data 127-14, 193	
19. UNDERTAKER Colored H Word (Address)	24. Was disease or injury in any way related to occupation of decaased?
20. FILED Mar 13, 1937 le & bouler	(Signad) S. alex (base M. D.
Registrar.	(Addrass) Current pul

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		NEW TO REPORT FOR THE PARTY OF		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING

V. S. No. 1

Length of residence in city or town where death occurred	No. St., W f death occurred in a horpital or institution, give its NAME instead of street and number) s. How long in U.S. if of foreign birth? yrs. mos.
(a) Residence: No. Cifed R. X. (Usua) place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (wine the word) Married	21. DATE OF DEATH Nov 30 193 7 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decased to 3 1037 to 1007. 30 103
6. DATE OF BIRTH (month, day, end year) Jan 27 & 1869	I last saw have elive on 27, 1937; death is
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Month Oeys If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at
8 Trade, profession, or particular kind of work dona, as SPINNER, Merchant SAWYER, BOOKKEEPER, etc.	Chance rescaled to Date of
kind of work dona as SPINNER, Merchaut SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, Gent Merchandese SAW MILL, BANK, atc. 10. Date dacasad last worked et this occupation (month and	Ity per beside
- If this seemberron (month and	
12. BIRTHPLACE (city or town) Somewhat Co, Md, (State or country) 13. NAME Jacob J. Culling	Other Contributory Causes of Importance:
13. NAME Sacot of Pulling	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diegnosis?
=	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Whare did injury occur?
17. INFORMANT Mrs. Gw. J. Culling (Address) Cuifield Md.	(Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE CISCULAR CHARLES ON DEC 3 71, 1937 19. UNDERTAKER S. Lawron	Manner of Injury
19. UNDERTAKER & Lawron (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO DEC 2, 1937 Lo E Maline Registrar.	(Signad) Lee Parton (Addrass) Lee Factor (Addrass) Company C

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BRDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	_1			

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- P	Desirable District	60
County Angelo			·····
Village or City	us auce	NONOSt., f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of rasidence in city or town where o			
2. FULL NAME Hollen	Legantin Ol	If U. S. Veteran, specify WAR	
(a) Residence: No. Psace	Constitution	Ward.	
(a) neolacines. Hor-14, 15	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7
runte col	Lucle	(Month) (Day)	(Year)
5a. If married, widowad, or divorced HUSBAND of			
(or) WIFE of		22. I HEREBY CERTIFY. That I attended	GG S
	0. 0000 100		: death is sai
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	, death is sai
17 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance	
8. Trada, profassion, or particular	O ormin,	were as follows:	Date of onse
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	0	Junestallie	- 6/8
9. Industry or business in which	7		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	270		**
- Como occupación (month una	11. Total time (years) spent in this		•
yaar)	occupation	Dther Contributary Causes of Importanca:	11-
12. BIRTHPLACE (city or town)	sur and	Ja greffee	1/0/
(State or country)	eser co.	-	
13. NAME Much of	lung		
14. BIRTHPLACE (city or town)	esur aux	Name of operation Date of	
(State of country)	reset to.	What test confirmed diagnosis What test confirmed diagnosis	au'opsy? R
15. MAIDEN NAME HEARING	e James	23. If daath was due to external causes (VIOLENCE) fill in also the following	ig:
	wun augu	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	nenet.	Whare did Injury occur? (Society city or town, county and Ste	ate)
17. INFORMANT	Lecus	Specify whether injury occurred in INOUSTRY, or HOME, or in BUBLIC PI	LACE.
18. BURIAL, CREMATION, OR REMOVAL	enouse		
Place Low Wesley	Date 12-2 193-	Manner of injury	
	1	Nature of Injury	
19. UNDERTAKER William	fines brass	24. Was disease or injury in any way related to occupation of deceased?	week.
(Address) Philican	armed feller	If so, spacify	
0 - 1 -	0 0	(Signed) of ten / Sellier	(/-

PHYSICIANS should state

ORD. Every item of infor-

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MARGIN RESERVED FOR BINDING

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AGE should be

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JAN 6 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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			1	20
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1. PLACE OF DEATH	
County Somerset OUTS	SIDE CO. L. CALLETTE OF Registration Dist. No. 270
Village or City Crisfield	No. State Road St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	Ayrs. 8 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Thomas Evans	If U. S. Veteran, specify WAR
(a) Residence: No. Mariners State (Usual place of a	
PERSONAL AND STATISTICAL PARTICL	ULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W 5. SINGLE, MARRIE OR DIVORCED (C. MARRIE)	write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Julia Eva	ans 22. 5! HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) March 16	
	If LESS than 1 day,hrs. Or,min, or,min, The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: a
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Boensho Promoria
10. Date decessed last worked at this occupation (month end yeer) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 12. Grisfield (State or country) 13. Maryland	in this
[1] 10. WAIIL	rans Outlier
14. BIRTHPLACE (city or town) Crisfield (State or country) Maryland	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Rachel War	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME RECTION 16. BIRTHPLACE (city or town) Crisfield (State or country) Maryland	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Jessie D Ev (Address) Crisfield	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Crisfield cemedate Dec	2 Lsty 37 Manner of injury
19. UNDERTAKER John A Bradshaw (Address) Crisfield	24. Was disease or injury in any way related to occupation of deceased?
20. FILED See 1 , 1937 6 Els al	(Signed) (Signed) (Address) Crush old - M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AAA 4 1938	July 5, 1927	Peritonitis	3 days ago
PIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

46.	

V. S. No. 1

SIAIL OF MANILAND CENTILIONIE OF DEATH	STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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12177

1. PLACE OF DEATH	
County Agmessel	Registration Dist. No. 26/
Village or City Land Consultation	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) os. How long in U.S. If of foreign birth?
2. FULL NAME / tenter Coathers from (a) Residence: No. Westover My (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fremale Colored OR DIVORCED (write the word)	21. DATE OF DEATH NOV. 6 ,193 7 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Fountain 5. DATE OF RIRTH (month day end year) 371 10-1869	22. OTHEREBY CERTIFY. Thet I attended deceased from 1937, to NOV. 1937 I last saw have alive on NOV. 5. 1937; death is said
7. AGE Years Months Days If LESS than 1 day, hrs	to have occurred on the date stated above, at 10.Am.
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	When of leg Det 18:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked et this occupetion (month and year) year) 11. Total time (years) spent in this occupation occupation	gangrefue of ley 12,6"
12. BIRTHPLACE (city or town) watta villie va (State or country)	Other Contributory Causes of Importance:
13. NAME John Tunnell, 14. BIRTHPLACE (city or town) - Walla Walle (State or country)	Name of operation
15. MAIDEN NAME Sarah Matthew 16. BIRTHPLACE (city or town) watts villia (State or country)	23. If deeth was due to external causes WIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Jennes Jaell and Many york h	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Callage Remove Oate how 8,193	Manner of injury
19. UNDERTAKER CARAS H Ward (Address) markon Appl	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 1937 Gerella 10, Alexandra.	(Address) Prince of my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage QUIDEAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 4 4000	Other contributory causes of importance:	
Tansiones	May 1,1923	Gastroenteritis	1 year

matten should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARY	LAND-CERTIFI	CATE OF	DEATH
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County Sommet	Registration Dist. No. 26
Village or City B Command on Command on City Brown	77. No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. 14	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME I have	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVOICID (write	DOWED. the yold) 21. DATE OF DEATH (Month) (Oay) (Yeer)
e. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, Thet i attended deceased fr
m=11 13 1	87 / I last saw h alive on , 19 ; death is s
3. DATE OF BtRTH (month, dey, and yeer) AGE Years Months Deys if	LESS than to heve occurred on the dete stated above, et
06 or	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	P. L. DIV
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	- Course VI con ray & S/I
SAW MILL, BANK, etc	
this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importence:
(Stete or country)	
13. NAME VIOLA Chum	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
7	Whet test confirmed diegnosis? Was there an autopsy?
	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Clonge Constitution (Address)	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, REMATION, OR REMOVAL Piace	Menner of injury
19. UNDERTAKER & Ward, forms (Address)	24. Wes diseese or injury in any way related to occupation of deceased?
20. FILED NOV. 19 193 % Stepher, O. He	(Signed) / Karella'

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Dete of onset		Example II		
		Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEB 3 9 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12179
1. PLACE OF DEATH	115-01
County Courses	Registration Dist. No. 26
Village or City Morrie Mis	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where deeth occurred	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME USEN Stall	
(a) Residence: No. Morres Tul	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) a. If married, widowed, or divorced	21. DATE OF DEATH NOV 1193 7 (Month) (Day) (Yeer)
HIISBAND of (or) WIFE of	1 HEREBY CERTIFY. That I ettended deceased from
DATE OF BIRTH (month, day, end year) Feb 20 1931	t lest sew here alive on The II the 1937 death is sai
AGE Years Months Days If LESS then	to heve occurred on the date steted above, et b. P. m.
6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, Move SAWYER, BOOKKEEPER, etc.	Indestina Strebucci
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et 11. Total time (years) spent in this	Throat y
10. Date decesed last worked et this occupation (month end year) 11. Total time (years) spent in this occupation	· nares
2. BIRTHPLACE (city or town) Monie gul	Other Contributory Causes of Importence:
13. NAME FLO A: Hall 14. BIRTHPLACE (city or town) Meonice	Heart Exhaustion
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of
15. MAIDEN NAME Kathlesse Hages	Whet test confirmed diagnosis? Was there en eutopsy?
16. BIRTHPLACE (city or town) lo leave	23. If death wes due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
7. INFORMANT GRO atall (Address) Worker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMOTION, OR REMOVAL Date Wov 12, 1937	Manner of Injury
9. UNDERTAKER ALLEGATION (Address)	24. Was disease or injury in eny way related to occupetion of deceased?
O. FILED NOV 13, 19 3 7 Man D, Browett	(Signed) Jalua Valle, M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	uses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		DEC 3 1037	
		1311	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12180
1. PLACE OF DEATH	- Dec
County Somerset	Registration Dist. No. 26
Village or City More Wul	ND. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME TO THE STATE OF THE	ll
(a) Residence: No. Morrie W	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wale Levels S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH YOU Z8 ,193 7. (Month) (Day) (Weer)
5e. If merried, widowed or divorced HUSBAND of (a) WHEE of-	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end year) NOV 28 1866	I last saw h. Lux aliva on Nov 28 1 1927; death is said
6. DATE OF BIRTH (month, day, end year) 700 0 70 6 6 7 AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3. A.m.
71	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of importance
128 Trade profession or particular	Date of one of
SAWYER, BDOKKEEPER, etc. 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Pairmony corcinomal of restures
work was done, as SILK MILL, SAW MILL, BANK, atc.	Question: two months & Slus Culs R
O 10. Data deceased last worked et this occupation (month and 1935) year) year)	When he died the growth was as large as a
12. BIRTHPLACE (city of town) Mouce	Dther Contributory Causes of Importance:
(State of country)	Rouncer; Located first within
13. NAME NoZarus Hall	the application sorre, on the very each of the rections
14. BIRTHPLACE (city or town). Nouse	Neme of operation
(State of Country)	What test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME Mary 1302 West 16. BIRTHPLACE (city or town) National State of Constitution (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or equality)	Accident, suicide, or homicide?
Elamon Hallo	Where did injury occur?
17. INFDRMANT (Addrass)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMASION, OR REMOVAL	Manner of injury
Place Date Date 1937	Nature of injury
19. UNDERTAKER SUCESSION	24. Was disease or injury in any way related to occupation of deceased?
(Address) Deals Man V	If so, specify
20. FILED NOV Z 9 , 19 3) / 1/3, 3 mm TT Registrar.	(Signed) Pallicas Auc. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

19180

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1561	July 5, 1927	Peritonitis	3 days ago
1031132	3 (3) (DEC 2 man	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis Gastroenteritis	1 year
		Serve me - 6	
		- Step	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-0)
County Someret WITHIN	CORPORATE LIMITS Registration Dist, No. 261 -
Village or City Cristield	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
~ /b d D 1	
2. FULL NAME Gray 2. Justice	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jennal While S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH Nov. 19 th 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydney & Justice	22. I HEREBY CERTIFY, That I attended deceased from 22. 19.37, to 20. 19.32
6. DATE OF BIRTH (month, day, and year) March 1 1 /866	I last sew h. S. alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2A_m,
// 8 / /8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, the SAWYER, BOOKKEPER, etc.	Broules pulserous la./2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	
10. Date deceased last worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Circles A. D.	Other Contributory Causes of importance:
(State or country)	
13. NAME Thomas Sterling	
13. NAME Thomas Rherling 14. BIRTHPLACE (city or town) (State or country)	Name of operation. According Date of
15. MAIDEN NAME Darah & Wallow	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Stadie Health, (Address) Custield Mot.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Charles Date Not 2 19-3-7	Nature of injury
19. UNDERTAKER 2. A. Lawson (Address)	24. Was disease or injury in any wey related to occupation of deceased? 200
Marson 77 1881 and	(Signed) Assal M: Con 700 M. D.
20. FILED V 19. 7 / 6 6 6 0 Registrar.	(Address) Cris field, lend.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	[1	Example II				
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V.S. No. 1

SENT

County	Somerset				Registration Dist. No. 27	0
Village or C	ity Crisfield	R			St. or institution, give its NAME instead of street	
			(1)	f death occurred in a hospital	or institution, give its NAME instead of street U.S. if of foreign birth?yrs	and number)
				sus. How folk in	o.s. ii oi loleigh birth?yrsyrs.	mosas
	ME	•••••	Lankford		and the second state of the	
(a) Residen	ce: No	(Usual plac	e of abode)	St., Ward.	If nonresident give city or town	and State
PERSON	IAL AND STATIST			MEDIC	CAL CERTIFICATE OF DEAT	
male	4. COLOR OR RACE white		RRIED, WIDOWED, ED (write the word)	21. DATE OF DE	ATH November 8 (Month) (Day)	, 193.7 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	rad, or divorced			22. I HER	EBY CERTIFY, That I atter	
6. DATE OF BIRTH	(month, day, and year) No	v. 8. 19	37	I last saw h. aliv		death is said
7. AGE Yea		Days O	If LESS than 1 dayhrs.		date stated above, atm. OF DEATH and related causes of importance	Data of onset
SAWYER, 9 Industry or work war SAW MII 10. Date decaas this occu year)	y or town) Crisfi	eld	time (years) ent in this upation	Other Contributory Cause		
	Christopher Creation (city or town) Creation Creation			Name of operation	Date	
	ME Dema Jane	Sterling			nosis? Was there	
16. BIRTHPLACE	(city or town) Cri		Md.	Accident, suicide, or hom Where did injury occur?	icide? Date of Injury	1 State)
18. BURIAL, CREMAT	ION, OR REMOVAL	Date	,19			
9. UNDERTAKER (Address)	/ 19			t .	In any way related to occupation of deceased S. us. Pen for	

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Chronic interstitial nephritis	1921	Run over by street can	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis 930	1 year

CAUST TION

V. S. No. 1 ä

STATE (OF	MARYL	AND-CERTIFICATE	OF	DEATH	15301

1. PLACE OF DEATH			(154) : • • •	
County Somerset			Registration Dist. No. 270	
Village or City Crisfield Length of rasidanca in city or town where de	ath occurred	(li _yrs,mos	NoSt., f death occurred in a horpital or institution, give its NAME instead of street and nu sds. How long in U.S. if of foraign birth?yrsmos.	ward mber)
2. FULL NAME Orlie Ma (a) Residence: No. Crisfie			If U. S. Veteran, specify WAR	
PERSONAL AND STATISTIC	CAL PARTICE	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE W	5. SINGLE, MARRIE OR DIVORCED (single		21. DATE OF DEATH Nov. 20 (Month) (Day)	193 7 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I attanded da Sept. 1937 to Nov. 20	., 1937
6. DATE OF BIRTH (month, day, and yaar) J12 7. AGE Years Months 37 4		OO If LESS than 1 day,hrs. ormin.	ware as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER Me C SAWYER, BOOKKEEPER, atc	****	(years)	Arterioscierosis esternyelikie	Data of onset 16
year)	11. Total time spanti occupa	n this tion	Othar Contributory Causes of Importance:	
E 13. NAME A. W. Marshal	1			
H 13. NAME A. W. Marshal 14. BIRTHPLACE (city or town)	•		Name of operation Date of What tast confirmed diagnosis? Was there an au	
15. MAIDEN NAME M. Ayre 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Virgie Mister (Addrass)			23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Whara did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL PlacaVirginia	_DateNov.	23, 193	Manner of injury	
19. UNDERTAKER John Johnson Parksley, V	Irginia		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED, 19		Registrar.	(Signed) Sarah he Partou (Address) Crisfield, Md.	M. D.

Sig. B.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		My	
		137 21000	19/

certificate.

Jo

OCCUPA

FATHER

MOTHER

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

SAW MILL, BANK, etc..

10. Date deceesed lest worked at this occupation (month and

14. BIRTHPLACE (city or town

16. BIRTHPLACE (city or town)

(Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

See instructions on back

TION is very important.

CAUSE

-WRITE

S. No. 1

should state item of infor-

Every

OCCUPA-

Jo

STATE OF MARYLAND	CERTIFICATE OF DEATH 12182		
1. PLACE OF DEATH County Village or City / Marco Ams Marco Length of residence in city or town where deeth occurred Marco 2. FULL NAME Marco Ams Marco (a) Residence: No. Process Ams Ams	Registration Dist. No. 260 Registration Dist. No. 260 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. If U.S. Veteran, specify WAR.		
(Usual place of abode)	ff nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work This harried, widowed, or divorced HUSBAND of (or) WIFE o	21. DATE OF DEATH (Month) (Day) (Year) 22. J HEREBY CERTIFY, Thet I attended decessed from		
6. DATE OF BIRTH (month, day, and year) not be	(20 20 ,1937, to 22 ,1937.		
7. AGE Yeers Months Deys If LESS to 1 day,	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance		
Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	arene		

11. Totel time (years)
spent in this

occupation

nset Name of operation. Wes there an eutopsy? 23. If death was due to externel causes (VIOL ENCE) fill In elso the following:

Manner of injury

Accident, suicide, or homicide? ...

Neture of injury

Where did Injury occur? ...

24. Wes disease or injury in any wey related to occupetion of deceased If so, specify

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

(Specify city or town, county and State)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	STATE (OF	MARYL	AND-	CERTIFI	CATE	OF	DEAT
--	---------	----	-------	------	----------------	------	----	------

1.	1. PLACE OF DEATH					3	
3	County Somerset					Registration Dist. No. 270	
	Langth of resi	idence In city	isfield or town where d	eeth occurred	yrsmos	NoS death occurred in a horpital or institution, give its NAME instead of stree ds. How long in U.S. if of foreign birth?yrs	t.,Ward t and number) mosds.
1	(a) Residen	ice: No.		(Usual place		St., Ward.	
-						If nonresident give city or low	
PERSONAL AND STATISTICAL PARTICUL 3. SEX F 4. COLOR OR RACE OR DIVORCED (write)					MEDICAL CERTIFICATE OF DEA	ГН	
			OR DIVORCE	D (write the word)	21. DATE OF DEATH Nov. 6 (Month) (Day)	, 1937 (Yaar)	
5a.	if married, widow HUSBAND of (or) WIFE of	ved, or divorc	ed			22. HEREBY CERTIFY, Thet I att	
6. D	ATE OF BIRTH	(month, day,	and year) No	ov. 6. 19	37	I last saw h eliva on 19.37 , to 2007 6	
7. A	GE Yes	ars	Months	Days	If LESS than I day,hrs. ormin.	to heve occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular						Stillow felia	Data of enset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc						
000	10. Date decaased last worked at this occupation (month end year)			11. Total ti sper occu	ime (yaers) nt In this upation		
12.	0-1-01-2					Other Contributory Causes of importence:	
2	13. NAME		liggin				
13. NAME Elmer Riggin 14. BIRTHPLACE (city or town) Crisfield (State or country) Md.							e of
15. MAIDEN NAME Carrie Hundley						23. If death was due to external causes (VIOLENCE) fill in also the following	
51	16. BIRTHPLACE	(city or tow	n)A1	vancock		Accident, suicide, or homicide? Date of Injury_	, 19
State or country Virginia				Virgini Play R	ه د	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury	
				Date	10		
						Natura of injury 24. Wes disease or Injury in any way related to occupation of decease if so, spacify	
7 20.	20. FILED 19 19 DATE 1/27/38 Registrar.				Z 19773	(Signed) Cristfeld, Md. (Address) Cristfeld, Md. 7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Still.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		
1910	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	1 4 51	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis 1930	1 year
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

20. FILED MOV 18 , 1937

CTATE OF MADY AND	CERTIFICATE OF DEATH 12183
	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-60
County January	Registration Dist. No. 268
Village or City Deals Island U	Cro St., Ward
0 0./	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	The rought of th
2. FULL NAME CALLED STUDIES	1//()
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wale While PROVORCED (write the word)	May 16, 193 7
5e. If marriad, widowad or divorced	(Month) (Day) (Year)
HUSBAND of (or) WHEE of	22. I HEREBY CERTIFY That I ettended deceased from
	1936, to 1937
6. DATE OF BIRTH (month, day, and yaa)	I last saw h , 19.6 ; death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at
ormln,	ware as follows:
8. Trade, profession, or particular kind of work done, as SYMPER level aplane. SAWYER, BDOKKEPPER, alt.	
	endred towarding H-16-3
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked et this occupation (month and spant in this	
year) occupation spant in this occupation	ON the Control of Cont
12. BIRTHPLACE (city or town) Weals Slauden	Other Contributory Canses of importance:
(State or country)	there attents ?
13. NAME Joekansh Shows	cold air
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Solithua Shores	23. If daath was dua to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Deals Island	Accident, suicida, or homicide? Date of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Desse Agree	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL	
Place Self stand Date Nov 18, 1937	Manner of injury
6410001	Nature of Injury
19, UNDERTAKER	24. Was disaase or injury In eny way related to occupation of dacaased?
(Addrass)	If so, spacify

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis F C E Y E D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis •	3 days ago
DEC 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

X	r item of infor-	S should state	t of OCCUPA-	
•	RI L. Every	. PHYSICIAN	Exact statement	
K BINDING	B. WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT RICE. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ficate.
MARGIN RESERVED FOR BINDING	INK-THIS IS	E should be stat	at it may be prop	TION is very important. See instructions on back of certificate.
MARGIN K	IM UNFADING	ly supplied. AG	lain terms, so the	See instructions
	PLA LY, WI	should be careful	OF DEATH in p	very important.
. C. 100. 1	B-WRITE	mation s	CAUSE	TION is

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
/				

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- 1	2	1	N	6
-3	4	A	6)

1. PLACE OF DEATH	(82-7)
County AMMASUT	Registration Dist. No. 267
Village or CityDAMES QUARTER	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Isage X	AYCO If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Quite the, word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) Year)
HUSBAND of Corp Wife of	22. HEREBY CERTIFY, Thet I attended deceased from
Tank Night XIND	10 / VOT/ / 1937 to NOV 1/ 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h. LA! alive on Otto A J.J
7. AGE Years Months Deys If LES then f day,hrs.	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8: Irada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	german / tem on mage
9. Industry or business in which	1 Consort
work was done, as SILK MILL, SAW MILL, BANK, etc	- A Sun Jangua
10. Date deceased last workad at this occupation (month and spent in this occupation corupation	
12. BIRTHPLACE (city or town) DAMES QUARTER, MD.	Other Contributary Causes of Importence:
(State or country)	- Hallitet - Hallet Waster
13. NAME POLLITS horse	ASTERIO BELLERASIS
13. NAME / 14. BIRTHPLACE (city or town) NLANA CANAL	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an europsy?
15. MAIDEN NAME Mary Adeline & hoves	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Alasy Lasy	Accident, suicide, or homicida? Dete of Injury, 19
17. INFORMANT & Ita Helly	Whare did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) DAMES QUARTER/NO 18. BURIAL, CREMATION, OR REMOVAL	
DAMES QUARTER, MD Date Nov 14 19-37	Manner of Injury
19. UNDERTAKER ASUEbalen	24. Was disease or injury in any way related to occupation of decaased?
(Address) Deads Island With	If so, specify
20. FILED Not 14, 1937 Mrs. 4. S. Kelly	(Signad) G. T. January Son. M.D.
Registrar.	(Address) Q- M. Quis Cl / N. Q

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	4	Example II		
the principal cause of death and related cause fimportance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
rteriosclerosis	1915	Attack of epilepsy	1 week ago	
hronic interstitial nephritis	1921	Run over by street car	1 week ago	
erebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
ther contributory causes of importance:		Other contributory causes of importance:		
Callstones	May 1,1923	Gastroenteritis	1 year	
1				

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be AUSE OF DEATH in plain terms, so that it may ation should be carefully supplied. TION is very important. WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	TERTIFICATE OF DEATH 12185
County Somessit	Registration Dist. No. 268
Village or City Chance	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Open you Some	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOT 15 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Levin H. Smith	22. IHEREBY CERTIFY They I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Ankan one	l lest sew h en etive on huy / 4 19 3 7; deeth is said
7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, at
i dey,hrs	mere se fellows or DEATH and teleted causes of importance
8 Trade profession or perticular	Date of onset
SAWYER, BDDKKEEPER, etc	4
9. industry or business in which work wes done, es StLK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work wes done, es StLK MILL, SAW MILL, BANK, etc 10. Dete deceesed iest worked et this occupetion (month and year) occupetion	
TO DIDTING ACT (silver town) Md1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)//L4' (State or country)	Altrois appendent
13. NAME Unborns	- CHICAGO CO - MAN CONTROL - M
13. NAME Unforms 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME 21 PARTY 16. BIRTHPLACE (city or town) W	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colebby Junes (Address) To make my d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Proceedings of Jan Dote Mary 7, 193	/ Neture of injury
19. UNDERTAKER Dred & Skepster	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Deals I slave mi	If so, specify
20. FILED hor LE, 1532 Rom Welster	(Signed) M. D.
Registrar.	(Address) G. 71- Olas C.

CTATE OF MADVI AND CEPTIFICATE OF DEATH

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

certificate.

TION is very important.

should state OCCUPA-

County Village` D	Somerset Crisfie	ld oursi		Registration Dist. No. 270 TE LIMITE LAWSONIA St.,	Ward
Length of	residence In city or town wher	e death occurred	74 yrs 11 mos	death occurred in a hospital or institution, give its NAME instead of street and number. ds. How long in U.S. if of foreign birth?yrsmos) de
2. FULL N			n Sterlin	If U. S. Veleran, specify WAR	
	0.757.01	onia			
(a) Resid	lence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH // , 193 (Wonth) (Dev) (Y	7
5e. If married, wid HUSBAND o					
(or) WIFE of		Mary Ste	erling	22. I HEREBY CERTIFY. That i attended decease 1937, to Land	o from
C DATE OF DIDT	'H (month, day, and year)	Dec 6 18	62	last sew h_/ alive on 2000 (000, 1957; death	/
	Years Months	Days	If LESS than	to have occurred on the date stated above, et \$130 4.m.	113 3410
74	11	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence	
8 Trade no	ofession or perticular		ormin.	were as follows: Date Muspearde to Date	of onsat
N kind o	ofession, or perticular of work done, es SPINNER, ER, BDOKKEEPER, etc	Retired	. Watermar	To the tail	
				Caroun aguata	
work SAW	or business in which was done, as SILK MILL, MILL, BANK, etc			- Conglation hear failing	
- 1	eesed tast worked et ccupation (month end	sp:	time (yeers) ent in this		
an Dibwing Lon	(mie	field		Dther Contributory Causes of Importance;	
12. BIRTHPLACE (State or o		wlend	*	To postare o news	
	4-4-1	Sterlin	2.04	-	
Ξ	0-	risfield	18	· · · · · · · · · · · · · · · · · · ·	
A 14. BIRTHPL/	TOE (CITY OF TOWN)	laryland		Neme of operation Date of	2
1	TT 1			Whet test confirmed diegnosis? Clean Col Was there en autopsy	
15. MAIDEN	NAME OILILL	11		23. If deeth was due to externel causes (VIOLENCE) fitl in elso the following:	
15. MAIDEN 16. BIRTHPL/	ACE (city or town)	11		Accident, suicide, or homicide? Date of injury	9
_ (Stete	or country)	0.13.2	2 62	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT _ (Address)		Sterling iled Mo		Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREM	MATION, OR REMOVAL			Menner of Injury	
Place#	Appury com	Date	NOV 111937	Nature of injury	
19. UNDERTAKER (Address)	John Jul	mode	fan	24. Wes disease or injury in any way related to occupation of deceased?	
2	1211 12 1	CO	2	(Signed) L. J. Somus	M
20. FILED	11 19.0	-black	Mr.	1 200	191.

12186

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AD. Every item of infor-PHYSICIANS should Exact statement I UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PL

V. S. No. 1

state

of OCCUPA.

1. PLACE OF DEATH	(B)	1,
County Successful	Registration Dist. No.	-61
	No. St., f death operred in a hospital or institution, give its NAME instead of street and s. / 2 ds. How long in U.S. If of foreign birth? yrs	number)
2. FULL NAME Tilliam Pashors To	ull If U. S. Veteran, specify WAR	
(a) Residence: No. 177 (Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 7 (Yaar)
HUSBAND of Massir & septime Truel	22. I HEREBY CERTIFY, That I attended	
AGE Years Months Days If LESS than	I last saw han alive on mile 1937, to have occurred on the data stated above, at 90 m.	; death is said
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc. 10. Date deceased last worked at this securation (month and	Brocho Prumona	un 18
SAW MILL, BANK, atc. 10. Date deceased last worked at war /3 11. Total time (years) spent in this occupation (month and war /3 occupation)		
12. BIRTHPLACE (city or town) DDD (State or country)	Other Coatributory Causes of Importance:	m 33
13. NAMERULLES Plessons wes	Close Out wylinks	
14. BIRTHPLACE (city or town) R. (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an	au!opsy?
15. MAIDEN NAME Mayer Brusley 16. BIRTHPLACE (city or town) Dec (State or country) 17. INFORMANT Canall Dons (Address) Anamy MID	23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State State State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Plants	ng: , 19
18. BURIAL, CREMATION, OR REMOVAL Place I AUGUS RELECTIONS 1937	Manner of Injury	
19. UNDERTAKER I & Sawford Fory (Address)	24. Was diseasa or injury in any way related to occupation of decaased?	
20. FILED 1177, 1937 Aurelia Pracosore Registrar.	(Signed) energy 6 & rellens	M. I

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
UES 2 1937	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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N. B.-WRITE PL.

V. S. No. 1

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Serverset	Registration Dist. No. 26/
Village or City mauron	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Impi	If U. S. Veteran, specify WAR.
(a) Residence: No. maun ma (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Ordered 76 mults are explain	22. I HEREBY CERTIFY. That t attended deceased from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Yeers Months Deys if LESS then I dey,hrs. ormln.	i lest saw h alive on
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9: industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. Trede, profession, or perticuler within perticular in the profession of th	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town).	
4. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diegnosis? Wes there en autopsy? 23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Lasoni Therform	Accident, suicide, or homicide?
(Address) Mayor The	
Place forme turying fot Date not 7, 1937	Neture of Injury
19. UNDERTAKER JAAAC Jurking Midriogu Mid	24. Was disease or injury in any wey releted to occupation of deceased? If so, specify
20. FILED 177, 1937 Churchen 10 Fairs ori Registrar.	(Signed) M. D. (Address) Collision Del Q.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 2 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT RE

RD. Every item of infor-PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

stated

AGE should be

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			<u>(3)</u>
County Somerset	OUT	SIDE CORPO	RATE LIMITE Q. Registration Dist. No. 270
Village or City Crisfi	eld		No. Mariners Road St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred	7.5 yrs 2mos	sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Elishe			If U. S. Veteran, specify WAR
(a) Residence: No. Mari	ners Ros (Usual place		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write tha word) DWed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	izabeth	Ward	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Sept 7	1862	I last saw h 1 M. elive on 2 2 1 1927; death is said
7. AGE Years Months 75	Days 14	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1 to 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Treda, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Water 11. Total ti sper	man (yaars) 55	Promin (Brossley)
12. BIRTHPLACE (city or town) Crist			Other Contributory Causes of importance; Provide Ill Blisty Legis directions indefinite. Quited Provide Istas accused by Lemian accordatic on
E 13. NAME NOS	h Ward		lorgement.
The state of the s	isfield ryland		Name of oparation Date of Date of What test confirmed diagnosis? Clumed Was there an eutopsy?
15. MAIDEN NAME JU	ulia Diz	е	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
Stete or country) Ma	risfield aryland		Accidant, suicida, or homicide?
I.T. INFORMANT	Milton	. Ward . Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Mannar of injury
Plece Mariners com.		¥23, 193	Nature of injury
John A Brac (Addrass) Crisfield	dshaw Md		24. Was disease or injury In any way ralated to occupation of dacaasad?
20. FILED 22 2.7. 19 3 7	686	Registrar.	(Signed) C. Joulet M. D. (Address) Craffeld 24

If more blanks are needed, address State Registrat, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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E STATE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			247.7

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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1. PLACE OF I	nueso	7		Registration Dist. No.	
Village or City_	e in city or town where	death occurred	(lf	NoSt., death occurred in a hospital or institution, give its NAME instead of street and nds. How long in U.S. if of foreign birth?yrsmo	War umber)
2. FULL NAME (a) Residence:	~~~	Eleun	ros plut	St. Ward.	
\-/		(Usual place		If nonresident give city or town and	State
	AND STATIST			MEDICAL CERTIFICATE OF DEATH	
mule 6	COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	193 7 (Year)
5a. if married, widowed, of HUSBAND of (or) WIFE of	Infaut	diam'r.		22. HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (mor	th, day, and year)	me 15	1937	i last saw halive on	
7. AGE Years	Months	Deys 2 7.	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of one
9. Industry or busi work was don SAW MILL, B	done, as SPINNER, OKKEEPER, etc ness in which ha, as SILK MILL, ANK, etcst worked et on (month and	spe spe	time (years) ent in this u pation	Was Du - attenderes. Outal Cros of Death Pornalis accumung Other Contributory Causes of importance:	
(State or country)		bletter	atou		
14. BIRTHPLACE (cit	y or town) 234 (4.4)	um m	lp.	Name of operation	
15. MAIDEN NAME 16. BIRTHPLACE (cit (State or cou	Rutty f y or town) - minory) lemoord	oliuss 4. white	n They	23. If deeth was due to external causes (VIOLENCE) fill In elso the following Accidant, suicida, or homicide? Date of Injury Where did Injury occur?(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PL/	, 19 e)
(Address) 18. BURIAL, CREMATION Place	OR REMOVAL)	v Date /	1/13,1937	Menner of injury	
19. UNDERTAKER	Meleane	mary	lourne	24. Wes disease or injury in any way related to occupetion of deceased?	
20. FILED	3,1937.01	irelia!	Registrar.	(Signed) Musikum I Musikum II	I I

UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. LY, WITH -WRITE PLA

PHYSICIANS should state D. Every item of infor-

EXACTLY.

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11	3 !		
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